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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

EW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
John H. Hendrix
Address
525 Midland Tower, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To classify as Gas Well and change of Gas Transporter.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name State H #17 Well No. 2 Pool Name, Including Formation Eunice-Monument (G-SA) Kind of Lease State, Federal or Fee State Lease No. B-1616
Location
Unit Letter D ; 330 Feet From The North Line and 330 Feet From The West
Line of Section 17 Township 20-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northern Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 208, Omaha, Nebraska 68101
If well produces oil or liquids, give location of tanks. Unit D Sec. 17 Twp. 20S Rge. 37E Is gas actually connected? No When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Mardene H. Jones
(Signature)
Production Clerk
(Title)
May 22, 1975
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1616	
7. Unit Agreement Name	
8. Farm or Lease Name State H-17	
9. Well No. 2	
10. Field and Pool, or Wildcat Monument G-SA	
12. County Lea	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator John H. Hendrix
3. Address of Operator 403 Wall Towers West, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>D</u> , <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3558' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull tubing.
2. Rerun tubing and treating packer.
3. Acidize w/7000 gals. 15% LSTNE acid.
4. Swab and test well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Marlene D. Jones</u>	TITLE <u>Production Clerk</u>	DATE <u>10-22-74</u>
APPROVED BY <u>Joe D. Ramsey</u>	TITLE <u>Dist. I, Supv.</u>	DATE <u>OCT 24 1974</u>

CONDITIONS OF APPROVAL, IF ANY: